

Flexible Spending Account Worksheet

Under Metro benefits, you have the option to enroll in Flexible Spending Accounts (FSAs). FSAs are special accounts that allow you to set aside tax-free dollars to reimburse yourself for certain health care and dependent care expenses. (For details, see your *Inside Metro Human Resources Guide* or view the new FSA video on the HR section of www.nashville.gov.) The worksheets below can help you estimate your health care and/or dependent care FSA election amount(s) for 2005 (minimum of \$240 and maximum of \$5,000 for each FSA account).

Health Care FSA Worksheet		Dependent Care FSA Worksheet	
<p>The health care FSA allows you to use pre-tax dollars to pay for certain health care expenses not covered by your health plan(s). Review receipts from last year for health care expenses you paid out of your own pocket. Using your receipts and this worksheet, estimate the amount you want to elect for your health care FSA for 2005. Only budget for those expenses eligible for reimbursement. Remember, eligible expenses include those for you, your spouse, and your dependents.</p>		<p>The dependent care FSA allows you to use pre-tax dollars to pay for dependent care services (child care, elder care, and care for disabled spouse) that make it possible for you – and your spouse, if you are married – to work. The dependent care FSA is intended to cover costs of the types of care shown below. It does <u>not</u> cover medical or health care costs for your dependents. (For health care coverage, see the health care FSA worksheet to the left.)</p>	
Estimated 2004 Expenses	Amount	Estimated 2004 Expenses	Amount
Deductibles (medical, dental, vision)	\$ _____	Child day care center	\$ _____
Copayments / coinsurance	\$ _____	Child nursery and pre-school	\$ _____
Amounts paid over “reasonable and customary” allowance	\$ _____	Child after-school care	\$ _____
Prescription drugs	\$ _____	Child summer day camps	\$ _____
Over-the-counter medications ¹	\$ _____	Elder day care center	\$ _____
Vision care	\$ _____	Elder in-home care	\$ _____
Dental / orthodontic care	\$ _____	Disabled spouse in-home care	\$ _____
Treatments / therapies	\$ _____		
Fees / services / transportation	\$ _____		
Medical equipment	\$ _____		
Psychiatric care	\$ _____		
Assistance for the disabled	\$ _____		
Other eligible expenses	\$ _____		
<p>Total 2004 Health Care Expenses</p> <p>This total gives you an estimate of expenses that might be eligible for reimbursement from a health care FSA in 2005. Consider other factors that will affect your out-of-pocket health care costs during 2005 and adjust the amount accordingly.</p>	\$ _____	<p>Total 2004 Dependent Care Expenses</p> <p>This total gives you an estimate of expenses that might be eligible for reimbursement from a dependent care FSA in 2005. Consider other factors that will affect your out-of-pocket dependent care costs during 2005 and adjust the amount accordingly.</p>	\$ _____

¹ Certain over-the-counter medications and drugs may be reimbursed from a health care FSA. For details, contact Ceridian, Metro’s FSA plan administrator, at www.ceridianfsa.com or call 800-366-3130.